

CODE ENFORCEMENT: 636-4365  
PLANNING: 636-4360  
FIRE: 636-4325  
POLICE: 636-4330  
BUILDING: 636-4355  
HEALTH: 636-4035

CITY OF HOLLISTER  
375 FIFTH STREET  
HOLLISTER, CA 95023  
(831) 636-4301



☐ NEW # \_\_\_\_\_

☐ RENEWAL

## THIS IS A NON-REFUNDABLE BUSINESS TAX

**BEFORE PAYING THIS TAX:** All businesses must comply with Hollister's Land Use and Municipal code requirements. The proposed business shall not conflict with any state or federal laws or regulations. Completing and filing this business license application with the City of Hollister, and paying the required fees, does not constitute approval of the proposed business at the location specified on the application. The application will be reviewed by the Planning and Building Divisions, and the Police and Fire Departments, and if they determine that the proposed business does not comply with the applicable laws or regulations, the business license, if issued, will be revoked, and if not yet issued, will be denied. The City will notify you in writing of its decision.

**BUSINESS TAXES PAID WILL NOT BE REFUNDED**

READ & INITIAL \_\_\_\_\_

Form must be filled out completely and returned to us for review.

### SECTION 1: BUSINESS AND OWNER INFORMATION

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address \_\_\_\_\_ Home Occupation: Y or N

Business is Operated as: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole \_\_\_\_\_ Other \_\_\_\_\_

Fed Emp. ID# or Soc. Sec. # \_\_\_\_\_ Driver's License Number \_\_\_\_\_

OWNER/MANAGER NAME \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ Phone \_\_\_\_\_

*This information is confidential to the extent allowed by law and the California Constitution Article I, Section I*

SECTION 2: Section Number \_\_\_\_\_ (For City Hall Use) State Contractor License \_\_\_\_\_

WHAT IS THE NATURE OF YOUR BUSINESS? (Please describe fully.) Sellers/Resale License \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 2: I CERTIFY (OR DECLARE) UNDER PENALTY OR PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN WHITE COPY TO CITY LICENSE COLLECTOR ALONG WITH PAYMENT

DATE PAID \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ SIGN \_\_\_\_\_  
PLUS PENALTY DUE \_\_\_\_\_ CITY COLLECTOR  
APPLICATION OR RENEWAL FEE \_\_\_\_\_  
TOTAL DUE AND PAID \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_